

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street)

103 POWELL COURT SUITE 200

☐Check if different
than previously
reported. (ACC)

BRENTWOOD

TN

37027

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00347955

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Penny Brake

Signature of Treasurer

Electronically Filed by Penny Brake

Date

05

17

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		22786.46
(b) Cash on Hand at Beginning of Reporting Period	9495.63	
(c) Total Receipts (from Line 19)	40450.00	40450.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49945.63	63236.46
7. Total Disbursements (from Line 31)	8307.77	21598.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41637.86	41637.86
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	35900.00	35900.00
(ii) Unitemized	4550.00	4550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	40450.00	40450.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	40450.00	40450.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	40450.00	40450.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	40450.00	40450.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7.77	13.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	7.77	13.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	18500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	800.00	3085.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8307.77	21598.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8307.77	21598.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	40450.00	40450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40450.00	40450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7.77	13.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7.77	13.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Pam Belcher Mailing Address 4217 Cecil Court South City Nashville State TN Zip Code 37207 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Director Organizational Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 6 Transaction ID: SA11A1.5808 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Donald Bivacca Mailing Address 2517 St. James Drive City Franklin State TN Zip Code 37064 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Division CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5756 Amount of Each Receipt this Period 1500.00
C. Full Name (Last, First, Middle Initial) Penny Brake Mailing Address 103 Powell Court Suite 200 City Nashville State TN Zip Code 37027 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Director of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.5730 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Lisa Brandon		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 2820 Coohran Trace		Transaction ID: SA11A1.5758 Amount of Each Receipt this Period 250.00
City Springhill	State TN	
Zip Code 37174		
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Hospitals, Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Jack Buck		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 24 Kylewood Drive		Transaction ID: SA11A1.5799 Amount of Each Receipt this Period 750.00
City Lawrenceburg	State TN	
Zip Code 38464		
FEC ID number of contributing federal political committee. C		
Name of Employer Crockett Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

C. Full Name (Last, First, Middle Initial) John Bumpus		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 6118 Paddock Place		Transaction ID: SA11A1.5757 Amount of Each Receipt this Period 1500.00
City Brentwood	State TN	
Zip Code 37027		
FEC ID number of contributing federal political committee. C		
Name of Employer LifePoint Hospitals, Inc.	Occupation SVP Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Thomas H. Butler

Mailing Address 4717 Potomac Lane

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5745

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Michael Callahan

Mailing Address 107 Banyan Tree Court

City State Zip Code
 Andalusia AL 36421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Andalusia Regional

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5810

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William Chaney

Mailing Address 223 54th Avenue N

City State Zip Code
 Nashville TN 37209

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Director Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5787

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

2350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 20

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Michael J. Culotta

Mailing Address 20 Wynstone

City State Zip Code
 Nashville TN 37215

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Sr. VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.5729

Amount of Each Receipt this Period

4000.00

B. Full Name (Last, First, Middle Initial)

Patty Doles

Mailing Address 1302 Drake Drive

City State Zip Code
 Minden LA 71055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Center

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5754

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)

Mark Dupay

Mailing Address 1049 Whitehall Drive

City State Zip Code
 Franklin TN 37069

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
Health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5804

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)
Jim Edmondson
Mailing Address 500 Hunter Lane

City State Zip Code
Pulaski TN 38478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.5768

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)
George French, III
Mailing Address 1106 Broadway

City State Zip Code
Minden LA 71055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minden Medical Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5752

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)
Karen Furstenberg
Mailing Address 9304 McArthur Court

City State Zip Code
Franklin TN 37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5801

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Donald Gavin II Mailing Address 1967 Alf Harris Road City Prospect State TN Zip Code 38477 FEC ID number of contributing federal political committee. C Name of Employer Hillside Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5767 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6	350.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	7		2	0	0	6																							
350.00																																
B. Full Name (Last, First, Middle Initial) William Gracey Mailing Address 14 Wynstone City Nashville State TN Zip Code 37215 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Division President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5751 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	0	6	3000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		1	3		2	0	0	6																							
3000.00																																
C. Full Name (Last, First, Middle Initial) Paul Herzog Mailing Address 802 Tromwy Lane NE City Albuquerque State NM Zip Code 87110 FEC ID number of contributing federal political committee. C Name of Employer Memorial Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.5785 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	5		2	0	0	6	750.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	4		2	5		2	0	0	6																							
750.00																																

SUBTOTAL of Receipts This Page (optional)

4100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. William E. Hoffman, Jr.

Mailing Address 1017 Jones Parkway

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
VP, Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.5744

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Jone Koford

Mailing Address 133 Steeplechase Lane

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
President, American Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5800

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Michael Landry

Mailing Address 1112 Oak Harbor Drive

City State Zip Code
 Morgan City LA 70380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teche Regional Medical Ce-
nter

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5803

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Lisa Landtroop Mailing Address 1704 Stephenson Lane City State Zip Code Spring Hill TN 37174 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Director Implementation Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.5727 Amount of Each Receipt this Period 350.00
B. Full Name (Last, First, Middle Initial) Don Larson Mailing Address 492 Broadview Drive City State Zip Code Nashville TN 37220 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Director Constituency Satisfaction Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.5747 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Don Mason Mailing Address 103 Powell Court, Suite 200 City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation E & C Director Corporate Audit Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.5736 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Sherry McDonald

Mailing Address 220 Bursby Branch Road

City State Zip Code
 Gallatin TN 37066

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint Hospitals, Inc.

Occupation
VP Clinical Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5814

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Timothy W. McGill

Mailing Address 221 Bussell Street

City State Zip Code
 Livingston TN 38570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Livingston Regional Hospi-
tal

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5793

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Brad Owens

Mailing Address 1014 Crimson Clover Drive

City State Zip Code
 Brentwood TN 37027

FEC ID number of contributing
federal political committee.

C

Name of Employer
LifePoint - American Divi-
sion

Occupation
Division CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5816

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Barry Papania		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 6
Mailing Address 523 Indian Creek		Transaction ID: SA11A1.5734
City Lebanon	State KY	Zip Code 40033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Spring View Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Robert L. Parrish		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 6
Mailing Address 222 Prospect Avenue		Transaction ID: SA11A1.5749
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer LifePoint Hospitals, Inc.	Occupation VP - Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Joseph Ross		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 6
Mailing Address 315 Oak Street		Transaction ID: SA11A1.5796
City Livingston	State TN	Zip Code 38570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Livingston Regional Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Michael Sherrod Mailing Address 185 Hospital Road City Winchester State TN Zip Code 37398 FEC ID number of contributing federal political committee. C Name of Employer Southern Tennessee Medical Center Occupation Assistant Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.5726 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Russ Spray Mailing Address 70 Northfield Drive City Winchester State TN Zip Code 37398 FEC ID number of contributing federal political committee. C Name of Employer Southern Tennessee Med. Ctr. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.5764 Amount of Each Receipt this Period 750.00
C. Full Name (Last, First, Middle Initial) Daniel Sykes Mailing Address 716 Huffine Manor Circle City Franklin State TN Zip Code 37067 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Director Physician Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.5740 Amount of Each Receipt this Period 350.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial) Denise Thomas Mailing Address 255 N. Spalding Ave. City Lebanon State KY Zip Code 40033 FEC ID number of contributing federal political committee. C Name of Employer Springview Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 04 / 11 / 2006 Transaction ID: SA11A1.5733 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Matthew Tulin Mailing Address PO Box 398 City Winchester State TN Zip Code 37398 FEC ID number of contributing federal political committee. C Name of Employer Southern TN Medical Center Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 04 / 27 / 2006 Transaction ID: SA11A1.5760 Amount of Each Receipt this Period 350.00
C. Full Name (Last, First, Middle Initial) Robert Wampler Mailing Address 103 Powell Court, Suite 200 City Brentwood State TN Zip Code 37027 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation CFO - Gateway Div. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt MM / DD / YYYY 04 / 25 / 2006 Transaction ID: SA11A1.5818 Amount of Each Receipt this Period 1500.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

A.

Full Name (Last, First, Middle Initial)

John Workman

Mailing Address 3025 Hawthorne

City

Athens

State

TN

Zip Code

37303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Athens Regional Medical
Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.5725

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

35900.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994
Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement
fundraiser reception

Candidate Name
FRIENDS OF JOHN TANNER

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: SB23.5721

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MIKE PENCE COMMITTEE

Mailing Address P. O. Box 408

City Anderson State IN Zip Code 46015

Purpose of Disbursement
fundraiser

Candidate Name
MIKE PENCE COMMITTEE

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 06

Transaction ID: SB23.5719

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Friends of Don Cravins, Jr.

Mailing Address 707 N Main Street

City
Opelousas

State
LA

Zip Code
70570

Purpose of Disbursement
campaign fundraising event

Candidate Name
Friends of Don Cravins, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: SB29.5723

Date of Disbursement

/ /

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Sheriff Wayne L. Jones

Mailing Address PO Box 2094

City
LaPlace

State
LA

Zip Code
70069

Purpose of Disbursement
contribution for local sheriff

Candidate Name
Sheriff Wayne L. Jones

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District:

Transaction ID: SB29.5718

Date of Disbursement

/ /

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional)

800.00

TOTAL This Period (last page this line number only)

800.00